

**Norfolk Department of Public Health
Health Fair/Community Activity Request Form**

Date: _____ Signature: _____

Intake Person

Contact Person: _____ Tel.#: _____

Community/Agency/Group: _____ Expected # Attendees: _____

Address: _____ Date of Fair: _____ Time: _____

Target Audience of event: (Women, Men, Children, Senior Citizens) _____

Comments/Directions to event: _____

Services Requested:

- ☐ Blood Pressure ☐ Nutrition ☐ Cholesterol ☐ Lead Prevention ☐ CHIP ☐ Minority AIDS
☐ Immunizations ☐ RAP (Teen Pregnancy) ☐ Child Development ☐ Asthma ☐ Breast & Cervical Cancer
☐ Virginia Cooperative Extension ☐ Sexual Transmitted Diseases ☐ Other: _____

Comment: _____

Screening Requested:

- ☐ Immunizations ☐ Blood Pressure ☐ Cholesterol (Eligibility Required) ☐ WIC ☐ Lead Screening
☐ Other Screenings: _____

Comments: _____

Reviewed by: _____

Nurse Manager

Date: _____

Forwarded to: _____

Date: _____

Faxed to: _____

Date: _____

Completed by: _____

Date: _____

How many attended: _____

Date: _____

Cancellation of event, please call in advance: 683-2780